

INITIAL CONSULTATION INTAKE FORM

Name: _____
Address: _____
Phone: Cell _____, Home _____, Work _____
E-mail: _____

How did you hear about us? _____

Why are you filing bankruptcy? _____

Are you married? Yes ___ No ___ Is spouse filing with you? Yes ___ No ___

Number of Children _____ Number of Adults _____

Do you own a home? Yes ___ No ___
If "Yes" – list address of each property owned.

1 _____

2 _____

3 _____

How much is your Take-home pay? \$ _____ (Please attach pay stub)

___ Bi-weekly ___ Weekly ___ Twice per month ___ Monthly

Do you own a car? Yes ___ No ___ Lease a car? Yes ___ No ___

Are you behind on any payments? Yes ___ No ___ # of missed payments _____

LIST OF DEBTS

Secured (Car, mortgages) *Note if car is leased*

<u>Name of Creditor</u>	<u>Monthly payment</u>	<u>Balance</u>	<u># of missed payments</u>
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- 1.
- 2.
- 3.
- 4.

Priority, Taxes, Student Loans, Back Rent (For taxes, state type of tax & tax year)

<u>Name of Creditor</u>	<u>Monthly payment</u>	<u>Balance</u>	<u>up to date?</u>	<u># of missed payments</u>
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- 1.
- 2.
- 3.
- 4.

Unsecured (Credit card, unsecured personal loans, medical bills, Other)

<u>Name of Creditor</u>	<u>Year account opened</u>	<u>Monthly payment</u>	<u>Balance</u>
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- 1.
- 2.
- 3.
- 4.

ESTIMATED TOTAL BALANCE: